suspend the effectiveness of the decision and order, unless otherwise ordered or mandated by law. (7-1-93)

103. SPECIFIC PROVISIONS -- CONTESTED CASES. Sections 104. through 900. set forth proceedings that supersede the general provisions of Sections 100. through 102., insofar as they are different or inconsistent. (7-1-93)

104. -- 199. (RESERVED).

200. DIVISION OF ENVIRONMENTAL QUALITY -- HAZARDOUS WASTE PERMIT PROGRAM -- PROCEDURES FOR DECISION MAKING. The procedure for decision making regarding all hazardous waste permits, including all hearings and administrative appeals, shall be governed by Idaho Department of Health and Welfare Rules and Regulation, IDAPA 16, Title 1, Chapter 5, Section 013. "Rules, Regulations and Standards for Hazardous Waste." (7-1-93)

201. -- 299. (RESERVED).

300. DIVISION OF WELFARE -- AABD, AFDC, TCC, REFUGEE CASH ASSISTANCE, REFUGEE MEDICAL ASSISTANCE, AND MEDICAID FAIR HEARING PROVISIONS. The provisions of this Section govern the conduct of fair hearings to determine eligibility for benefits or services regarding AABD, AFDC, TCC, Refugee Cash Assistance, Refugee Medical Assistance, and Medicaid Programs. (7-1-93)

01. Department Responsibilities. The Department must advise each client in writing of the following: (7-1-93)

a. The client's right to a hearing at the time of application and any time a decision is made on his case. (7-1-93)

b. How to obtain a hearing if he disagrees with any decision made by the Department. (7-1-93)

c. The client's right to be represented by legal counsel or any spokesman he chooses to designate, or he may represent himself. (7-1-93)

02. Representation for Developmentally Disabled and Mentally Retarded Clients. When a client, due to physical or mental disability, is unable to make application, request a fair hearing or appeal a decision himself, a representative may act in his behalf. (7-1-93)

a. The representative must agree to act in the client's behalf in all aspects of eligibility determinations and related contested case issues, and be subject to the same rignts and responsibilities as the client himself. (7-1-93)

b. The representative is authorized to complete the application forms. The representative must accurately complete the forms. The representative must sign and date the application. (7-1-93)

c. The representative is authorized to receive notices from the Department and send correspondence in the client's behalf. The representative is authorized to contact the Department in Person or by telephone in the client's behalf. The representative is authorized to set up appointments in the client's behalf. The representative must provide requested verification and complete the status report changes in the client's circumstances. (7-1-93)

d. Unless the client or an authorized representative or attorney provides a written declaration to the contrary, eligible developmentally disabled and mentally retarded clients shall be deemed to be represented by the state Protection and Advocacy System established pursuant to 42 USC 6041, et seq., and 42 USC 10801 et seq., and designated by the Governor, which system shall have access to records of any such client maintained by any program or institution of the Department if such client is unable to authorize the system to have such access, or if such client does not have a legal guardian, conser-

vator or other legal representative. Such system shall be deemed to have the authority to request a fair hearing, appeal a decision, represent the client in a contested case, and seek Judicial Review. Service of any notice, pleading or decision upon this system shall be effective as served on the client, however, the Department shall also make service upon the client as required by these rules and any other applicable rules and regulations. Unless the protection and advocacy system provides written notification to the Department that the client has declined its representation or that it has been unable to contact the client, the system shall be an authorized representative. (7-1-93)

03. Request for Hearing. The client or his representative must request a hearing in writing, stating the reasons for wanting to present his case to higher authority. The Department will provide a fair hearing request form when requested by the client or a representative. (7-1-93)

a. The client or representative must make the request within thirty (30) days from the date the Notice of Decision was mailed by the Department. (7-1-93)

b. The client or representative can request a hearing when the Department delays in making an eligibility decision or making payment beyond the specified limits. This request for hearing must be submitted within thirty (30) days of when the action would have been mailed if the Department had acted in a timely manner. (7-1-93)

04. Granting a Hearing. A hearing must be granted to a client or representative who makes a timely, written hearing request for the following reasons: (7-1-93)

a. When the Department delays in making an eligibility decision, making a payment, or a payment adjustment beyond the specified time limits. If the Department has authorized benefits prior to the hearing, the client may elect to submit a written withdrawal of his hearing request. (7-1-93)

b. When the Department reduces the payment amount to the client. (7-1-93)

c. When the Department terminates aid to a client. (7-1-93)

d. When a client or representative disputes the amount, manner, or form of aid, including protective payments. (7-1-93)

e. When a client or representative disputes the Department's decision to deny aid to the client. (7-1-93)

05. Denying a Hearing. The Hearing Officer may deny or dismiss a hearing request for any of the following reasons. (7-1-93)

a. A hearing can be dismissed if the client or representative withdraws the request, in writing. (7-1-93)

b. A hearing can be denied if the sole issue is an automatic grant adjustment, or reduction of Medicaid services, under state or federal law, unless the reason for the appeal is an incorrect grant computation. (7-1-93)

c. A hearing can be denied if the client or representative fails to appear, without good cause, at the scheduled hearing. Good cause is circumstances beyond the client's control as determined by the Hearing Officer. (7-1-93)

d. A hearing can be denied when the basis for granting a hearing does not exist. (7-1-93)

e. A hearing can be denied if the written request is received after the allowed time. (7-1-93)

06. Time Limits for Hearings. The Department must conduct the hearing and take action within ninety (90) days from the date the hearing request is received. When the hearing request concerns the computed amount of the Community Spouse Resource Allowance (CSRA), the hearing must be held within thirty (30) days from the date the hearing request is received. (7-1-93)

07. Notification of Hearing. The Department must notify the client or representative of the date, time, and place of the hearing, at least seven (7) days before the scheduled hearing. The client or representative must be informed, in writing, of the hearing rights relating to this chapter. (7-1-93)

08. Continuation of Aid Pending a Hearing. If continuing aid is requested by the client, assistance must not be reduced or stopped until a hearing decision is given and the client should be advised of such right. The manner or form of payment must not be changed to a protective payment until a hearing decision is rendered. The client must be advised that benefits paid, pending a hearing decision, may result in an overpayment if the hearing decision is unfavorable to him. Continuation of aid pending a hearing must meet at least one of the following conditions: (7-1-93)

a. A client or representative must request a hearing within ten (10) days from the date of the action to reduce aid (The date of action is the date that the benefits are reduced or ended, not the date the notice is mailed); (7-1-93)

b. The Department reduced aid without sending the required notice; or (7-1-93)

c. A client receives AABD and SSI benefits and has filed an appeal, based on proposed action to stop the SSI benefit. AABD can be continued until a decision is rendered by the SSA's Bureau of Hearings and Appeals judge. The client must have been granted a continuance based on an SSI appeal. (7-1-93)

09. Fair Hearing Officer. The Department must provide a Hearing Officer to conduct fair hearings for AABD, AFDC, and Medicaid clients. The Hearing Officer must have no prior involvement with the issue being contested. The Hearing Officer must be familiar with federal, state, and Department rules. (7-1-93)

a. Prior to initial testimony, the Hearing Officer gives the oath or affirmation to the client, Department representatives, and any witnesses. The Hearing Officer must direct the conduct of the hearing and ensure that all relevant issues are considered. The Hearing Officer must request, receive, and make part of the record, all evidence necessary to decide issues. When medical issues must be considered, the Hearing Officer may order a medical examination at the Department's expense. The Hearing Officer must prepare a hearing record to document the hearing decision. (7-1-93)

b. The Hearing Officer must comply with federal and state laws to make the hearing decision. The hearing decision must be based exclusively on facts contained in the hearing record. (7-1-93)

c. The hearing record may contain a transcript, tape recording, or an official report of the hearing events. The hearing record must contain all papers, requests, and exhibits filed in the hearing. The hearing record must contain the decision of the Hearing Officer. The decision of the Hearing Officer must contain the issues, findings of facts, reasons for decision, and cite supporting laws or evidence. (7-1-93)

d. The Department may respond to similar individual requests or a group request by holding a group hearing. A group hearing will deal with issues of law, rules, or policy, rather than individual eligibility or benefits. The Hearing Officer must affirm, reverse, or modify the Department's decision. The Department must notify the client that his hearing has been con-

solidated but he is still responsible for presenting his case at the hearing. (7-1-93)

e. The Hearing Officer may, at his discretion and in agreement with the client or his representative, conduct the hearing by telephone. (7-1-93)

f. Information that was not available to the Department, at the time the decision was made, will not be considered by the Hearing Officer. If the information warrants, the Hearing Officer may remand the case to the Department for an eligibility or payment-change decision. The decision to remand the case to the Department must be recorded in the hearing case record. (7-1-93)

g. The Hearing Officer may order a subpoena through the court when requested by a client or representative by a sworn statement showing the relevancy of the witness's testimony to the hearing. The client is responsible for all costs to issue and serve the subpoena, including witness fees and mileage, in civil cases. (7-1-93)

h. The examiner must continue to establish ongoing eligibility of clients electing to receive assistance pending a hearing. The client must continue to report changes within ten (10) calendar days. Benefits will continue to be adjusted based upon changes reported by the client. (7-1-93)

i. The Department must advise the client that aid paid pending a hearing decision is subject to recovery, if the hearing decision is unfavorable. (7-1-93)

j. Aid will be reduced or ended, as soon as possible, without additional notice, following a hearing decision or the decision to deny a hearing. (7-1-93)

k. Pursuant to Section 67-2405(10) the Hearing Officer is hereby delegated the authority to render a final decision for the Department pursuant to Section 67-5246, Idaho Code. The Hearing Officer's decision must be implemented by the Department within ten (10) working days, after the hearing decision is received. The Department must notify the client of the hearing decision, in writing, and specify any action the Department will take as a result of the decision. If the hearing decision is unfavorable to the client, the notice must tell the client of the right to appeal and Judicial Review. (7-1-93)

l. The hearing decision must be available to the public. The identity of the client must be safeguarded in accordance with Idaho Department of Health and Welfare Rules, IDAPA 16, Title 5, Chapter 1, "Rules Governing Protection and Disclosure of Department Records." (7-1-93)

10. Client's Rights Pertaining to Hearing. The client or representative has the right to obtain information to prepare for a hearing. The following lists specific rights. (7-1-93)

a. A client has the right to request a prehearing conference with the Department before the hearing date. This conference may be used to informally resolve the issue or to provide the client with information about the hearing or actions. The conference will not affect the client's right to a hearing or the time limits for the hearing. After the conference, the hearing must be held, unless the client withdraws the request for hearing, in writing, or the Department withdraws the action contested by the client. (7-1-93)

b. A client has the right to request a hearing postponement before the hearing date. The Department may postpone a hearing up to thirty (30) days. When the hearing is postponed, the time limits for a benefit decision are extended for the same number of days. (7-1-93)

c. Prior to the hearing, the client has the right to examine documents and records, including that portion of the case record which will be used at the hearing. A client must not have access to confidential investigative information concerning his case. The nature and status of an investigation which could result in criminal prosecution, must be protected. Names of Persons who have disclosed information about the client without his knowledge, must be protected. The client may view available documents at the hearing. Confidential information must not be introduced at the hearing or affect the Hearing Officer's decision. (7-1-93)

d. A client has the right to receive, as requested, copies of documents and records that the Department plans to use at the hearing. (7-1-93)

e. If the client has a communication impairment or physical disability, he has the right to request help, including an interpreter, to enable him to prepare for, and participate in, the hearing. (7-1-93)

f. A client has the right to present his case at a hearing. The client has the rignt to be represented at hearing. (7-1-93)

g. A client has the right to request that his assistance be continued at the same benefit amount pending a hearing decision. (7-1-93)

11. Appeal Rights of Client. After an adverse hearing decision and exhaustion of all administrative remedies, the client has the right to appeal the decision to a district court within twenty-eight (28) days, pursuant to Section 67-5273(2), Idaho Code. The client must be notified, in writing, of this right to appeal. (7-1-93)

301. -- 303. (RESERVED).

304. CRIMINAL HISTORY CHECKS ADMINISTRATIVE HEARINGS. The Department shall have the authority to grant an exemption review hearing for crimes or actions not enumerated in Idaho Department of Health and Welfare Rules, IDAPA 16, Title 5, Chapter 6, "Rules and Regulations Governing Criminal History Checks." (7-1-93)

01. Authority. (7-1-93)

a. Persons denied a license under the Child Care Licensing Reform Act Sections 39-1201 et. seq., Idaho Code, may, in writing, request an exemption hearing within fourteen (14) days of the receipt of notice of denial. Upon receipt of the request the director shall fix a date for hearing not more than thirty-five (35) days from the receipt of the request and give the applicant at least fourteen (14) days notice of the hearing date. (7-1-93)

b. All other persons denied a license, certification, employment, homestudy or recommendation may, in writing, request an exemption hearing within twenty-one (21) days of the Department's mailing of a Notice of Denial. (7-1-93)

c. The Department will conduct a hearing to review the request for an exemption to the denial. At the regional director's discretion, the hearing will be held before the regional director or his designee, the institutional director or his designee, or before a regional review board composed of three members of the departmental regional advisory board. (7-1-93)

d. The Department shall have the authority to consider factors or evidence including, but not limited to, the following: (7-1-93)

i. The severity or nature of the crime; (7-1-93)

ii. The period of time since the crime was committed and the number of offenses; (7-1-93)

iii. Circumstances surrounding the commission of the crime that demonstrate the unlikelihood of repetition; (7-1-93)

iv. Evidence of rehabilitation; (7-1-93)

v. Relationship of offense to client care activity; (7-1-93)

vi. Activities since conviction, including employment or participation in therapy or education that would indicate changed behavior;or (7-1-93)

vii. Granting of a pardon by the Governor or the President. (7-1-93)

02. Limitation. An exemption or denial is limited to the program for which the exemption is sought. (7-1-93)

03. De Novo Appeal. Hearings conducted under Section 304. may be appealed "de novo" under Section 100., et. seq. however, the filing of a notice of appeal shall not stay the action of the Department. (7-1-93)

305. -- 307. (RESERVED).

308. DIVISION OF WELFARE -- HEALTH CARE FACILITIES STANDARDS ADMINISTRATIVE HEARINGS. Before denial or revocation is final, the licensing agency shall provide opportunity for a hearing at which time the owner or sponsor of the facility may appear and show cause why the license should not be denied or revoked. Hearings and appeals shall be governed according to the provisions of Sections 100., through 102. (7-1-93)

01. Hearings. Hearings for licensure, including denial or revocation. (7-1-93)

a. The applicant shall be notified by certified mail or by Personal service of the action to deny or revoke the license and the reasons for denial or revocation. (7-1-93)

b. A hearing will be provided by the Director or his designee if requested by the applicant or facility within twenty-one (21) days after the receipt of the agency's decision. (7-1-93)

c. On the basis of such a hearing, or upon failure of the applicant to present himself, the Director or his designee shall make and specify by certified mail or by Personal service to the applicant his final decision to deny, revoke, or grant the license. (7-1-93)

02. Appeals. Action to appeal the hearing decision. (7-1-93)

a. Appeal action must be filed by the applicant within twenty-eight (28) days following the notification of the action by the Department. (7-1-93)

b. Two (2) copies of the pleadings and other papers shall be served upon the Director. (7-1-93)

c. Pending final action, the status quo of the facility shall be preserved except as the court otherwise orders in the public interest. (7-1-93)

309. DIVISION OF WELFARE -- RESIDENTIAL CARE FACILITIES (RCF) ADMINISTRATIVE HEARINGS. Hearings and appeals shall be governed by the provisions of Sections 100., through 102. (7-1-93)

01. Notification. The applicant shall be notified by registered mail or by Personal service of the action to deny or revoke the license and the reasons for denial or revocation. (7-1-93)

02. Hearing. A hearing will be provided by the Director or his designee if requested by the applicant or facility within twenty-one (21) days after their receipt of the agency's decision. (7-1-93)

03. Final Decision. On the basis of such a hearing, or upon failure of the applicant to present himself, the Director of the Department or his designee shall make and specify by registered mail or by Personal service to the applicant his final decision to deny, revoke, or grant the license. (7-1-93)

04. Action to Appeal the Hearing Decision. (7-1-93)

a. Appeal action must be filed by the applicant within twenty-eight (28) days following the notification of the action by the Department. (7-1-93)

b. Two (2) copies of the pleadings and other papers shall be served upon the Director of the Department. (7-1-93)

c. Pending final action, the status quo of the facility shall be preserved except as the court otherwise orders in the puolic interest. (7-1-93)

310. (RESERVED).

311. DIVISION OF WELFARE -- LONG TERM CARE PROVIDERS REMEDIES ADMINISTRATIVE REVIEWS. The provisions outlined herein consist of an administrative review process and an administrative hearing process. No further remedies are available upon reaching final disposition within this section. Pursuant to Idaho Department of Health and Welfare Rules IDAPA 16, Title 3, Chapter 12, "Rules Governing Long Term Care Provider Remedies In Idaho," should the facility wish to contest imposition of a remedy other than a plan of correction and except as provided in Idaho Department of Health and Welfare Rules, IDAPA 16, Title 3, Chapter 12, Subsections 012.05. and 017.03., "Rules Governing Long Term Care Provider Remedies in Idaho," a written request for administrative review must be received by the State Survey Agency within fourteen (14) days of the facility's receipt of notice of imposition of the remedy. The request shall state the grounds for the facility's contention that the imposition of a remedy is in error. (7-1-93)

01. Failure to File Timely Request. If the facility fails to file a timely request, the decision to impose a remedy or remedies shall become a final order and no further administrative or Judicial Review or hearing shall be available. (7-1-93)

02. Notice of Administrative Review. The Department shall transmit printed notice of administrative review. Such notice shall set forth the date, time and location whenever the facility has requested and has been granted a review on imposition of a remedy. The facility shall post all notices so provided. The notices shall be placed in areas readily accessible and visible to residents and their representatives. (7-1-93)

03. Issuance of Written Decision. The Department shall issue a written decision within fourteen (14) calendar days of the completion of the facilities receipt of the administrative review. The review shall be made solely on the basis of the State Survey Agency recommendation, the survey report, the statement of deficiencies, any documentation the facility submits to the Department at the time of its request, and information received as a result of the administrative review process. For the purposes of such review, a hearing shall not be held and oral testimony shall not be taken. (7-1-93)

04. Appeal of Administrative Review. Should the facility wish to appeal the administrative review decision for remedies described in Idaho Department of Health and Welfare Rules, IDAPA 16, Title 3, Chapter 12, Section 004., "Rules Governing Long Term Care Provider Remedies," suoject to the limi-

tations therein, it may request an administrative hearing. The scope of the administrative hearing will be limited to issues raised and meaningfully addressed in the administrative review. The hearing request shall state specifically which portions) of the administrative review is being appealed. A written request for hearing must be received by the State Survey Agency and the Office of the Hearings Coordinator within fourteen (14) calendar days of the facility's receipt of the administrative review decision. Failure to file a timely request shall result in the administrative review decision becoming a final order and no further administrative or Judicial Review or hearing shall be available. (7-1-93)

05. In Cases of Temporary Management. If the Department has imposed temporary management pursuant to the provisions of Idaho Department of Health and Welfare Rules, IDAPA 16, Title 3, Chapter 12, Subsection 017.05., "Rules Governing Long Term Care Provider Remedies in Idaho," or imposed either of the remedies specified in Idaho Department of Health and Welfare Rules, IDAPA 16, Title 3, Chapter 12, Subsection 004.05., "Rules Governing Long Term Care Provider Remedies in Idaho," the facility shall be entitled to a hearing which shall commence not less than five (5) nor more than thirty (30) calendar days after the facility's receipt of notice of imposition of said remedy or remedies. No administrative review shall be conducted in such cases and no request for hearing shall be required. The date, time and location of the hearing shall be included in the notice of imposition of the remedy or remedies. A facility may waive its right to a hearing by written notice to the State Survey Agency. (7-1-93)

06. Except in Cases of Immediate Jeopardy. Except in cases of appointment of a temporary manager, unless the Department has determined that immediate jeopardy to the health or safety of the residents of a facility exists, termination of a facility's participation, transfer of residents of a facility, or payment of civil monetary penalties, the imposition of remedies shall not be stayed during the pendency of any hearing. (7-1-93)

312. -- 329. (RESERVED).

330. DIVISION OF WELFARE -- MEDICAL ASSISTANCE PROGRAM PROVIDERS -- ADMINISTRATIVE HEARINGS. (7-1-93)

01. Medical Assistance - Provider Reimbursement. Unless specifically provided in this section, all hearings and appeals regarding providers in the Medical Assistance Program shall be governed by the provisions of Sections 100.through 102. (7-1-93)

a. Within thirty (30) days after a facility is notified of an action, a final determination ,an order, a notice of decision, or receives a final audit report it wishes to challenge, such facility shall request in writing that the administrator of the Division of Welfare (or designee) review such determination. The request shall be signed by the administrator of the facility, shall identify the challenged action, final determination, order, notice of decision or final audit report and the date thereof, and shall state as specifically as practicable the grounds for its contention that the determination was erroneous. Copies of any documentation on which such facility intends to rely to support its position shall be included with the request. However, documentation related to cost items shall be limited by provisions of Idaho Department of Health and Welfare Rules, IDAPA 16, Title 5, Chapter 2, Subsection 100.01., "Rules Governing Audits of Providers," for appeals of final audit reports. (7-1-93)

b. After receiving a request meeting the above criteria, the administrator of the Division of Welfare (or designee) will contact the facility to schedule a conference for the earliest mutually convenient time. The conference shall be scheduled for not later than thirty (30) days after a properly-completed request is received, unless both Parties agree in writing to a specified later date. (7-1-93)

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c. The representative of the facility shall attend the conference. In addition, other representatives selected by the facility or the Department may attend and participate. The facility shall bring to the conference, or provide to the administrator of the Division of Welfare (or designee) in advance of the conference, any documentation on which the facility intends to rely to support its contentions. The Parties shall clarify and attempt to resolve the issues at the conference. If additional documentation is needed to resolve the issues, a second session of the conference shall be scheduled for not later than thirty (30) days after the initial session, unless both Parties agree in writing to a specific later date. (7-1-93)

d. A written decision by the administrator of the Division of Welfare (or designee) will be furnished to the facility within thirty (30) days after the conclusion of the conference. (7-1-93)

e. If the facility desires review of an adverse decision of the administrator of the Division of Welfare (or designee) the facility may, within twenty-eight (28) days following receipt of such decision, request in writing, a hearing on the contested matter, in accordance with the provisions of Sections 56-133 through 56-135, and 67-5240 et. seq., Idaho Code. Under these provisions only issues and documentation that were presented to the administrator of the Division of Welfare (or designee) shall be admissible in the administrative hearing before the appointed Hearing Officer. (7-1-93)

f. A Hearing Officer shall be appointed to hear the contested matter according to Sections 67-5240 et seq., Idaho Code, and shall issue a preliminary decision and order on the matter within forty-five (45) days after the hearing. (7-1-93)

g. Either Party to the contested matter may, within fourteen (14) days of receiving the preliminary decision and order, take exceptions to the Director or his designee, pursuant to Section 67-5245, Idaho Code. If exceptions are taken, briefs and/or oral arguments may be presented to the Director or his designee, and a final determination shall be issued within fifty-six (56) days. If no exceptions are taken by either Party of the contested matter after fourteen (14) days, the Director or his designee, shall affirm the Hearing Officer's preliminary decision and order within fourteen (14) days of receipt of that preliminary decision and order. (7-1-93)

331. DIVISION OF WELFARE - MEDICAID PROVIDER REIMBURSEMENT -- DISPUTED PAYMENTS TO HOSPITALS, HOME HEALTH AGENCIES, RURAL HEALTH CLINICS, HOSPICES, AND FEDERALLY QUALIFIED HEALTH CENTERS. If a provider in the Medical Assistance Program has a grievance or complaint or requests an exception to the requirements of Idaho Department of Health and Welfare Rules, IDAPA 16, Title 3, Chapter 10, Sections 450 through 499., "Rules Governing Medicaid Provider Reimbursement in Idaho," the provider can invoke the following procedures: (7-1-93)

01. Within thirty (30) days after a provider receives notification of an action or determination, and it has any grievance, complaint, or exception, the provider must identify in writing to the Bureau of Medical Assistance the specific issues involved and specifically describe the disputed action or inaction regarding such issues and the grounds for its contention that an action or determination was erroneous. Any information and copies of any documentation on which the facility intends to rely to support its position shall be included with the initial filing of the dispute. (7-1-93)

02. The Bureau of Medical Assistance will acknowledge the written grievance, complaint, or exception and transmit its response to the provider within thirty (30) days. (7-1-93)

03. If a provider disputes the conclusions and reasons found in the Bureau of Medical Assistance's response, the provider can request that the Bureau conduct an informal conference to resolve the issues in dispute. (7-1-93)

a. The request for an informal conference must: (7-1-93)

i. Be in writing; and (7-1-93)

ii. Be specific as to all issues in question; and (7-1-93)

iii. Set forth the specific dollar value in question; and (7-1-93)

iv. Be supplemented with any pertinent documentation relevant to the provider's contentions), as requested by the Bureau prior to the informal conference within thirty (30) days. (7-1-93)

b. The results of the informal conference will be transmitted to the provider in the form of a written letter of findings. (7-1-93)

04. If no request for an informal conference is made pursuant to Subsection 331.03.c. within thirty (30) days of the provider's receipt of the initial response to the dispute, or if no response containing the supplemental information requested by the Department prior to the scheduling of an informal conference, and no good reason why such information is not available to the Department, the initial action or determination per Subsection 331.03.c. will be final; or (7-1-93)

a. If a provider is not satisfied with the decision reached in an information conference conducted under the provisions of Subsection 33.04.d. it can refer the grievance, complaint, or exception to the Administrator, Division of Welfare, for an additional review; and (7-1-93)

b. After considering all findings and recommendations, the Administrator will make a final determination and so advise the provider, in writing, by certified mail with a return receipt addressed to the Department's Hearing Coordinator. Copies of the Administrator's final determination are also to be forwarded to the Bureau of Medical Assistance. (7-1-93)

05. After appealing the disputed action or determination to the Bureau of Medical Assistance and receiving the Administrator's final determination regarding the findings and recommendations, the provider can make a request to the Department for an administrative hearing on any grievance, complaint, or exception in dispute. (7-1-93)

a. Any such hearing must be conducted in compliance with Section 101. The filing of a request for a formal hearing on a disputed payment under the applicable provisions of the Idaho Administrative Procedures Act, Sections 67-5240 et seq., Idaho Code, is valid only after the provisions in Subsections 331.0. through 331.05. have been exercised, thus exhausting the informal appeal remedies. (7-1-93)

b. The request must be filed within twenty-eight(28) days following receipt of the Administrator's final determination. (7-1-93)

i. The hearing request must be in writing. (7-1-93)

ii. The hearing request must specify the items still in dispute addressed but not resolved during the informal appeals process. Failure to so specify remaining disputed items will void the request. (7-1-93)

c. In addition to those Parties specified in Subsection 005.09., Parties to the hearing are to include the following: (7-1-93)

i. A representative from the Bureau of Medical Assistance; and (7-1-93)

ii. A representative from the provider; and (7-1-93)